2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000044299 1. Entity Name PITTMAN'S HOMETOWN MORTGAGE CORP.

FILED Mar 08, 2001 8:00 am Secretary of State

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DRIVE SUITE 15	Mailing Address 308 TEQUESTA DRIVE TEQUESTA FL 33469	308 TEQUESTA DRIVE SUITE 15			D9023169					
Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT W	RITE IN THE	S SPACE		
City & State		City & State			El Number	65-08364	148	<u> </u>	Applied For	
Country Zip Co		Coun	try	5. C	ertificate of	Status Desire	d □	\$8.75 A	dditional	
6. Name and Address of Curr	rent Registered Agent		<u> </u>	7. N	ame and Ad	dress of Nev	w Registere			
								>		
PITTMAN, CHARLES K 308 TEQUESTA DRIVE SUITE 15 TEQUESTA FL 33469				ss (P.O. Bo	ox Number i	s Not Accepta	able)			
			City				F	L Zip Co	ode	
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Tax filing requirement and elects to do so. After MAY		1, 2001 Fee	will be \$550.0				•		.00 May Be ed to Fees	
	AND DIRECTORS	12.		ADI	DITIONS/CH	ANGES TO C	OFFICERS A	ND DIRECTO	RS IN 11	
PITTMAN, CHARLES K	☐ Delete	NAM Stre	E ET ADDRESS					☐ Change	Addition	
	☐ Delete	NAM Stre	et address					☐ Change	☐ Addition	
	☐ Delete	TITLE					_	Change	Addition	
		STRE	ET ADDRESS							
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	□ Delete	NAM! STRE	E ET ADDRESS					☐ Change	Addition	
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	Country 6. Name and Address of Curr MAN, CHARLES K TEQUESTA DRIVE SUITE 15 UESTA FL 33469 a named entity submits this statement or action is eligible to satisfy its Intanserequirement and elects to do so. Tria on back) OFFICERS A D PITTMAN, CHARLES K 308 TEQUESTA DRIVE SUIT	DRIVE SUITE 15 33469 Place of Business #, etc. Suite. Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent MAN, CHARLES K TEQUESTA DRIVE SUITE 15 UESTA FL 33469 In named entity submits this statement for the purpose of changing signature, typed or printed name of registered agent and title if applicable. Poration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND DIRECTORS D PITTMAN, CHARLES K 308 TEQUESTA DRIVE SUITE 15 TEQUESTA FL 33469 Delete Delete Delete	DRIVE SUITE 15 33469 TEOUESTA FL 33469 TEOUESTA FL 33469 TOULE SUITE 15 TEOUESTA DRIVE SUITE 15 TEOUESTA DRIVE SUITE 15 TEOUESTA FL 33469 TOULE SUITE 15 TEOUESTA DRIVE SUITE 15 TEOUESTA FL 33469 TOULE SUITE 15 TEOUESTA DRIVE SUITE 15 TEOUESTA DRIVE SUITE 15 TEOUESTA DRIVE SUITE 15 TEOUESTA DRIVE SUITE 15 TEOUESTA FL 33469 TOULE SUITE 15 TEOUESTA SUITE 15 TEOUESTA FL 33469 TOULE SUITE 15 TOULE SUITE 15 TEOUESTA FL 33469 TOULE SUITE 15 TOULE SUITE 15 TEOUESTA FL 33469 TOULE SUITE 15 TOULE S	DRIVE SUITE 15 338469 33. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent MAN, CHARLES K TEQUESTA DRIVE Street Address Tequirement, speed or printed name of registered agent and title if applicable. Poration is eligible to satisfy its Intangible requirement and elects to do so. 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FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Defete The MAKE SIREET ADDRESS CITY-ST-ZIP Delete The NAME SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-	DRIVE SUITE 15 308 TEOUESTA FL 33469 Place of Business 3. Mailing Address TEOUESTA FL 33469 Place of Business 3. Mailing Address Place of Business 4. FEI Number Country Zip Country Zip Country Zip Country Size Address of Current Registered Agent Name Name Name CharLES K Street Address (P.O. Box Number is Signature, typed or printed rained of registered agent and sto 2 applicable Crequirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.0	The control of the surface of Business DANCE SUITE 15 TROUESTA FIL 33469 SUITE 15 TROUES	DRIVE SUITE 15 308 EEQUESTA FIL 33469 Place of Business 3. Mailing Address 4, etc. Country Country	DBIVE SUITE 15 TEQUESTA PL 30469 Pace of Business 3. Mailing Address 4, etc. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE To Country DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE To Country DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE SUITE 15 Country To Country DO NOT WRITE IN THIS SPACE STROET Address of Current Registered Agent To Name and Address of Status Desired Stroet Address of Status Desired To Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Stroet Address (P O. Box Number is Not Acceptable) Total This statement for the purpose of changing its registered office or registered adjent, or both, in the State of Florida Total This statement for the purpose of changing its registered office or registered adjent, or both, in the State of Florida Total This statement for the purpose of changing its registered office or registered adjent, or both, in the State of Florida Total This statement for the purpose of changing its registered office or registered adjent, or both, in the State of Florida Total This statement for the purpose of changing its registered office or registered adjent, or both, in the State of Florida Total This statement for the purpose of changing its registered office or registered adjent, or both, in the State of Florida Total This statement for the purpose of changing its registered office or registered adjent, or both, in the State of Florida Total This statement for the purpose of the Plant Registered Agent Total This statement for the purpose of the Plant Registered Agent Total This statement for the purpose of the Plant Registered Agent Total This statement for the purpose of the Plant Registered Agent Total This statement for the Plant Registered Agent Total This statement for the Plant Registered Agent Total This statement Registered Agent Total This statement Registered Agent Total This state	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

relies 15 O Havan Charles K. P. Homen President 1/30/01 561-748-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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